

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 107070555 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/		/				51					
2	/		/				52					
3	/		/				53					
4	⑦		/				54					
5	/		/				55					
6	/		/				56					
7	⑦		/				57					
8	/		/				58					
9	/		/				59					
10	/		/				60					
11	/		/				61					
12	/		/				62					
13	/		/				63					
14	/		/				64					
15	/		/				65					
16	/		/				66					
17	/		/				67					
18	/		/				68					
19	/		/				69					
20	/		/				70					
21	/		/				71					
22	/		/				72					
23	/		/				73					
24	/		/				74					
25	/		/				75					
26	/		/				76					
27	/		/				77					
28	/		/				78					
29	/		/				79					
30	/		/				80					
31	/		/				81					
32	/		/				82					
33	/		/				83					
34	/		/				84					
35	/		/				85					
36	/		/				86					
37	/		/				87					
38	/		/				88					
39	/		/				89					
40	/		/				90					
41	/		/				91					
42	/		/				92					
43	/		/				93					
44	/		/				94					
45	/		/				95					
46	/		/				96					
47	/		/				97					
48	/		/				98					
49	/		/				99					
50	/		/				100					
TOTAL IND.	/											
TOTAL DEP.	6											
TOTAL CLAIMS	7											